

Casa Esperanza Montessori

Before & After School Childcare Application 2024 - 2025 Academic Year



Program Annual Tuition	Installment amount	(10 months August-May)
<input type="checkbox"/> Before School (7:00 am – 7:35 am) *Drop off will be between 7:00 - 7:30 am After 7:30 am you will have to join the carpool line*	\$840	\$84.00
<input type="checkbox"/> After School (3:00 pm – 6:00 pm) *Afterschool Pickup will start once carpool ends around 4:00 pm. If arriving earlier, you will have to join the carpool line*	<input type="checkbox"/> \$3,150/ 5 day <input type="checkbox"/> \$1,890 / 3 day (M-W-F) <input type="checkbox"/> \$1,260/ 2 day (T-TH)	\$315.00 \$189.00 \$126.00
<input type="checkbox"/> Before/After School 5 DAYS	\$3,990.00	\$399.00

A **\$25** non-refundable registration fee is due at registration, per family.
 10% Sibling Discount / 10% Military Discount
 The Following Early Release days are **INCLUDED** in the After School Fee:
 September 17, 2024 - November 5, 2024 - January 28, 2025 - April 29, 2025 - May 9, 2025
 Early Releases Days before a Holiday or School Break **ARE NOT INCLUDED**.
 October 3, 2024 - November 1, 2024 - November 26, 2024 - December 20, 2024 - January 17, 2025
 February 14, 2025 - March 13, 2025 - April 17, 2025 - May 23, 2025 - May 29, 2025
 Teacher Work Days and Intersession camps **ARE NOT INCLUDED** in the After School Fee.

STUDENT INFORMATION # 1

Student's Name <input type="checkbox"/> I don't give permission for my child to be photographed for CEMCS'S website/ social media	Gender M F	DOB	Grade 2024-2025
<u>Health Information</u> Allergies or Food Restrictions	Please list any health conditions that may require us to take action during the after-school program, i.e., asthma, diabetes, seizures, etc.:		

STUDENT INFORMATION # 2

Student's Name <input type="checkbox"/> I don't give permission for my child to be photographed for CEMCS'S website/ social media	Gender M F	DOB	Grade 2024-2025
<u>Health Information</u> Allergies or Food Restrictions	Please list any health conditions that may require us to take action during the after-school program, i.e., asthma, diabetes, seizures, etc.:		

STUDENT INFORMATION # 3

Student's Name	Gender M F	DOB	Grade 2024-2025
Health Information Allergies or Food Restrictions	Please list any health conditions that may require us to take action during the after-school program, i.e., asthma, diabetes, seizures, etc.:		

NOTE: If your child has allergies or health/medical problems that may require attention from our staff (i.e. use of Rx medication, Epi-pens, inhalers), you must communicate that information with the Director of Childcare and complete the "Parent Request for Medication at School" provided by the school. Staff will coordinate any needed action.

Emergency Medical Treatment
In the event the above student/students become ill or sustain an injury while in the care of or under the supervision of Casa Esperanza Childcare Program coordinators and volunteers, they are permitted to administer first aid for the child's relief. In case of emergency, permission is given to take my child to the nearest appropriate emergency or clinic facility. I authorize CASA ESPERANZA MONTESSORI to obtain medical attention for my child in an emergency

PARENT/GUARDIAN SIGNATURE:

Physician:	Physician's Phone Number:
	Hospital Preference:

PARENT/ GUARDIAN INFORMATION

Primary Parent/ Guardian	Relationship to Student	Cell Phone	Work Phone
Email Address:	Home Address:		
Secondary Parent/ Guardian	Relationship to Student	Cell Phone	Work Phone
Email Address:	Home Address:		

Yes No (Please check the box to indicate whether the Secondary Contact needs to be included in all communication sent.)

EMERGENCY CONTACTS AND AUTHORIZED PERSON(S) TO PICK UP

Both parents listed on the first page will be allowed to pick up unless otherwise stated in this section. Please list any parental pick-up restrictions: **(Casa must have a copy of any court-ordered procedures relating to pick-up.)**

Please list additional persons allowed to pick up your child. This list is in addition to the parents. All persons will be required to show proof of identification upon pick up. In the event of an emergency, the following people may also be contacted:

Name	Relationship to Student	Cell Phone
Name	Relationship to Student	Cell Phone
Name	Relationship to Student	Cell Phone

Casa Esperanza Montessori
 Authorization Agreement for Tuition Debit 2024-2025
2 or 3 DAYS A WEEK



Please indicate (by checking) the monthly installment amount(s) you are authorizing to have deducted monthly:

	Before School Care	After School 2 DAYS Tue / Thu	After School 3 DAYS Mon / Wed / Fri
Student's Name #1	<input type="radio"/> \$ 84.00	<input type="radio"/> \$126.00	<input type="radio"/> \$189.00
Student's Name #2	<input type="radio"/> \$75.60	<input type="radio"/> \$113.40	<input type="radio"/> \$170.10
Student's Name #3	<input type="radio"/> \$75.60	<input type="radio"/> \$113.40	<input type="radio"/> \$170.10
Total	\$	\$	\$

I hereby authorize Casa Esperanza Montessori, Inc. to initiate debit entries to my checking/saving account indicated below and the financial institution named below to credit the same to such account.

<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		
Financial Institution		
City	State	Zip code
Bank Transit /ABA Number	Account number	

This authority is for monthly installment payments to be drafted from **August 2024 – May 2025** on or about the first of each month. This authority is to remain in effect unless Casa Esperanza Montessori, Inc. has received written notification from me of its termination at such time and in such a manner as to afford Casa Esperanza Montessori, Inc. a reasonable opportunity to act on it. **Should the debit not go through due to insufficient funds in my account, a replacement payment in the form of a check or money order, must be received at the school within five days of notification of the full monthly installment payment and an additional \$25 NSF fee.**

Name

Signature

Date

PLEASE ATTACH A VOIDED CHECK



Casa Esperanza Montessori Incorporated

Before and After School Enrollment Contract

2024-2025 Academic Year



Student's Name #1	Grade 2024-2025
Student's Name #2	Grade 2024-2025
Student's Name #3	Grade 2024-2025
Parents' Names:	Address:
Cell Phone:	Email Address:

Program(s) Desired
<input type="checkbox"/> Before School Care (7:00 am to 7:35 am)
<input type="checkbox"/> After School Care (3:00 pm to 6:00 pm)
<input type="checkbox"/> Before and After School Care

The undersigned agrees with the following terms and conditions and will pay the required fees for enrollment as specified. Please read and initial each of the terms and conditions

	<p>I understand that the Academic Year charge for Full Time After School Care is \$ 3,150, Before School Care is \$840; and Before and/or After School Care is \$3,990.00. <i>*If joining the program after the first day of school or later, the annual tuition is prorated based on the number of days remaining*</i></p>
	<p>I further understand that installment payments, as provided on the attached payment schedule, are due and payable on or before the 1st of the month. Accounts not paid in full by the 5th of the month will be assessed a \$25 late fee. I understand that if payment is not received by the 15th of the month my child may be denied attendance until payments are current or my child's spot may be offered to a family on the waiting list. If any of my payments are returned by the bank, a \$25 returned check fee will be due immediately.</p>
	<p>I understand that my child's place in the Program(s) I have selected is to be reserved on behalf of my child only after Casa Esperanza Montessori Incorporated has notified me that my child has been accepted into the program.</p>
	<p>I understand that if my child withdraws from the Program(s) during the academic school year, a 30-day written notice must be sent to: the Director of Childcare Programs, Casa Esperanza Montessori, 10510 Star Road Wake Forest, NC 27587. In the event of any such withdrawal, I understand that I will be obligated to pay until the end of the 30-day notice period even if my child is not in attendance.</p> <p>I understand that, by contracting for the entire year, I have been given a discount over single-day rates. Should I remove my child from the program before the completion of the school year, the total amount I owe will be calculated as follows: Before School Care is \$10.50/day; After School Care is \$21/day. These rates will be charged whether or not my child was absent from the program for any reason before the end of the 30-day notice period.</p>
	<p>I understand that if a child must be excluded by an administrative decision from childcare, no refund will be provided; however, no further financial obligation will exist.</p>
	<p>I understand the BASC late pick-up policy. I will be assessed a late pick-up fee of \$1.00 per minute/per child for each minute after 6 pm. I understand if my child is picked up late excessively without a valid reason that my childcare services will be terminated.</p>
	<p>I understand that all payments must be current to register for Programs in the following school year.</p>

I, the parent or guardian of the above-named child/children, hereby register him/her for participation in the Childcare Program and fully agree to the rules and regulations of the Casa Esperanza Montessori Charter School (CEMCS) parent handbook and do hereby release CEMCS and its directors, representatives, employees, and volunteers from any liability. I, the parent or guardians, release Casa Esperanza Montessori School from all responsibilities for injuries of any nature incurred while participating in the Childcare Program and acknowledge that medical insurance is my responsibility.

By signing below, I agree to the terms and conditions of this Contract:

Parent/Guardian Name	Relationship to Child
Date	Signature

ACCEPTED BY: CASA ESPERANZA MONTESSORI INCORPORATED

Name:	Title:
Date	Signature

Month	Before School Only	After School Only	Before & After School
August 1, 2024			
September 1, 2024			
October 1, 2024			
November 1, 2024			
December 1, 2024			
January 1, 2025			
February 1, 2025			
March 1, 2025			
April 1, 2025			
May 1, 2025			

Before and After School Installment Payments are based on the **158** days of the academic calendar (Excluding Early Release Days where afterschool services are NOT included). Payments are due even when the school is closed for part of the month for intersessions, Federal and/or State Holidays, Teacher work days, and/or weather-related events.

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